

PETITION FOR REVIEW OF NOTICE OF CHANGE

FOR OFFICIAL USE ONLY

INSTRUCTIONS:

PURSUANT TO A.R.S. §§ 42-15105, 42-16105, 42-16108, 42-16157, 42-16165 & 42-16205

- **IN MARICOPA AND PIMA:** File this petition with the **STATE Board of Equalization (SBOE)** located at 100 N. 15th Avenue, Suite 130, Phoenix, AZ 85007.
- **IN ALL OTHER COUNTIES:** File this petition with the **COUNTY Board of Equalization.**
- This petition must be filed within 25 days after the date of the Assessor's Notice of Change.
- Provide **two** copies of any additional information being submitted to either the County or State Board of Equalization.
- The County or State Board of Equalization must rule on all appeals on or before the third Friday in November. If the petitioner is dissatisfied with the County or State Board of Equalization's decision, an appeal with the Superior Court or Tax Court must be filed within sixty (60) days of any administrative appeal decision.
- **IMPORTANT: PETITIONER MUST COMPLETE SECTIONS 1 THROUGH 11 WHERE APPLICABLE. PLEASE TYPE OR PRINT.**

1. DATE FILED _____ COUNTY _____ BOOK/MAP/PARCEL _____ - _____ - _____

2. PROPERTY ADDRESS OR LEGAL DESCRIPTION: _____

3. ☐ CHECK THIS BOX IF MORE THAN ONE PARCEL IS INVOLVED IN THE APPEAL AND ATTACH A MULTIPLE PARCEL APPEAL FORM (DOR 82131).

4. USE OF PROPERTY: RESIDENTIAL (OWNER OCCUPIED) ☐ RESIDENTIAL (RENTAL) ☐ VACANT LAND ☐
AGRICULTURAL ☐ COMMERCIAL/INDUSTRIAL ☐ SPECIFY (OFFICE, WAREHOUSE, ETC.) _____

5A. OWNER'S NAME AS SHOWN ON THE NOTICE OF CHANGE NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____	5B. MAIL DECISION TO: (IF DIFFERENT FROM 5A) NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____
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6. PETITION COMPLETED BY: (Specify Owner, Agent, Attorney, etc.)
NAME/COMPANY NAME _____ TELEPHONE (____) _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

AGENTS ONLY: Include a copy of a current Agency Authorization Form (82130AA) with this petition.

State Board of Appraisal Registration # _____ SBOE # _____ (PIMA & MARICOPA COUNTIES ONLY)

7. **BASIS FOR THIS PETITION:** Provide evidence for appealing the Assessor's Notice of Change. Include the book, map, parcel number(s) of other properties used in your appeal. Specify if the appeal is based upon one or more of the following methods of valuation:
MARKET ☐ COST ☐ INCOME ☐

8.	ORIGINAL VALUE	FULL CASH VALUE \$	LIMITED PROPERTY VALUE \$	LEGAL CLASS	ASSMT. RATIO
9.	AMENDED VALUE	FULL CASH VALUE \$	LIMITED PROPERTY VALUE \$	LEGAL CLASS	ASSMT. RATIO
10.	OWNER'S OPINION OF VALUE	FULL CASH VALUE \$	LIMITED PROPERTY VALUE \$	LEGAL CLASS	ASSMT. RATIO

11. I HEREBY AFFIRM THAT ALL THE INFORMATION HEREIN IS TRUE AND CORRECT.

☐ IN PIMA AND MARICOPA COUNTIES ONLY:

X _____
SIGNATURE OF PROPERTY OWNER OR REPRESENTATIVE
TELEPHONE (____) _____

Check here if you want this appeal to be heard "on the record" and submit any additional written or typed information with this form. This means that neither you nor the Assessor will appear in person before the State Board of Equalization to offer oral testimony.

12. COUNTY OR STATE BOARD OF EQUALIZATION	FULL CASH VALUE \$	LIMITED PROPERTY VALUE \$	LEGAL CLASS	ASSMT. RATIO
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13. BASIS FOR DECISION: _____

DATE RECEIVED _____ DATE DECISION MAILED _____ CHAIRMAN OR CLERK OF THE BOARD _____

DOR 82130NC (9/02) **WHITE - TAXPAYER** **YELLOW - COUNTY/STATE BOARD OF EQUALIZATION** **PINK - ASSESSOR**

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